

**CITY OF NEW ORLEANS
CREDIT CARD EMPLOYEE AGREEMENT**

I (print name) _____, on this _____ day of _____, 20 _____, as a cardholder, acknowledge receipt of and agree to comply with the terms and conditions of this Agreement, CAO Policy Memorandum 116 (R) Credit Card Issuance and Use as well as CAO Policy Memorandum Nos. 9(R) Travel and Business Expenses and 24(R) Services, & Movable Property Procurements and Purchases.

I understand that the Credit Card limit for purchases per transaction shall be in compliance with CAO Policy Memorandum Nos. 116R, 9R and 24R. I agree not to incur charges above my approved credit card limit.

I acknowledge that the City of New Orleans may terminate my right to use this card at any time for any reason.

I understand that improper use of this card may result in disciplinary action, up to and including termination of employment. Should I fail to use this card properly, I authorize the City of New Orleans to deduct from my salary an amount equal to the total of the discrepancy. I also allow the City of New Orleans to collect any amounts owed by me even if the City of New Orleans no longer employs me.

I agree to return the card to the City of New Orleans immediately upon request or upon termination of employment.

I acknowledge receipt of said Agreement and confirm, by my original signature below, that I am in full understanding of all requirements, terms and conditions, in respect to the Credit Card Program.

Cardholder:

Employee Signature: _____

Printed Name: _____

Department: _____

Credit Card No. _____ Date: _____
(last four digits)

**Attachment A
Revised 12/13/11**

CITY OF NEW ORLEANS
PROPERTY ISSUANCE / RETURN FORM

EMPLOYEE NAME: _____

ORG # : _____

DEPARTMENT: _____

DIVISION: _____

*Please initial after each assigned item

ITEM	INITIALS	QTY	ID NUMBER(S)	DATE ISSUED	DATE RETURNED
Identification Badge					
Commissioned Officer Badges / Inseption Badges / Other Field Badges					
Parking Access Card					
Parking Decal / Tag					
City Vehicle					
Dash Mounted Emergency Response Lights / Sirens					
Fuel Card					
Keys / Building Access Cards					
Office					
Vehicle					
Desk / File Cabinets					
Blackberry					
Cellular Phone (specific model #)					
Cellular Phone Accessories (specify)					
Two Way Radio / Other Radio Device					
Laptop Computer (specify model)					
Audio / Video Recording Equipment					
Charges / Accessories for Electronic Equipment					
Safety Goggles					
Safety Belts					
Other Safety Equipment (specify)					
Tools, Tool Belts					
City Provided Weapons (specify)					
City Provided Uniforms					
City Provided Fire/Police Gear (specify)					
Other Property (specify)					

In accordance with CAO Policy Memorandum No. 109, it is my responsibility to carefully handle and appropriately utilize all property issued to me during the course of employment and to surrender all such property to my appointing department upon termination from service. Property that is not specifically issued to me shall not be removed from work premises except as needed to conduct City business. I understand that the City of New Orleans may seek reimbursement from an active or terminating employee for the value of any property damaged or lost due to an employee's personal neglect.

Employee Signature

Date

Issuer Signature

Date

NOTES:

CITY OF NEW ORLEANS
REPORT OF LOST / DAMAGED / OR STOLEN PROPERTY

EMPLOYEE NAME: _____

ORG # : _____

DEPARTMENT: _____

DIVISION: _____

The City of New Orleans' property issued to _____ have been lost, damaged, or stolen.
Employee's Name (Print)

<u>Type of Property</u>	<u>ID Number</u>	<u>Date of Incident</u>	<u>Disposition Lost/Damaged/Stolen</u>	<u>Resolution</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Acknowledgments:

I acknowledge that I had full responsibility for the above item(s). I further acknowledge that I may be responsible for the cost of repair and / or replacement of the item(s) if I am found negligent in my responsibility of the item(s).

Date

Employee Signature

Date

Appointing Authority or Designated
Representative's Signature

Appointing Authority (Print Name)